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Original Articles.

THE TISSUE REMEDIES IN DISEASES OF CHILDREN.

BY W. A. DEWEY, M. D., SAN FRANCISCO.

[Read before the California State Homœopathic Medical Society, May, 1891.]

I have chosen this subject for my paper for two reasons—firstly, because since my connection with this Society there has never been, I believe, a paper read which alluded in any way to the so-called tissue remedies, while nearly all the other State Societies, and especially the American Institute of Homœopathy, have published many pages of clinical verifications and provings of these really very excellent remedies; and, secondly, because I hope thereby to draw out, either in discussion or antagonism to them, some valuable indications for their use, or some good reasons why they should not be used.

The tissue remedies were so named by Schüssler, whose biochemic theory of their use and action is well known. Of this theory I shall say nothing, because I do not believe in it myself, but I *do* believe that a broad field of usefulness for these remedies is gradually being opened by their thorough proving according to the method of Hahnemann.

In diseases of children, I have had some results from their use which if summarized might be of benefit, and, although they may have a broader use, the following brief summary consists only of the uses of these remedies which I have personally verified time and time again. They are what I consider the sure indications for their use.

Calcarex phosphorica is too well known to homœopathic physicians to detain us long. The most excellent results I have seen follow its use in marasmus and cases of mal-nutrition, especially in those weak, puny children who do not grow, but always seem emaciated; in those whose eyes seem unnaturally bright, and whose skin is transparent, showing plainly the viens through it. With this condition there is always present digestive troubles, flatulence and diarrhœa. They are children who do not thrive, are weak and fretful, and, above all, they are easily tired, an unusual thing in healthy childhood. The bony system of such children, or those who require *calcarex phos.*, is backward, the fontanelles remain unclosed, and, naturally, dentition is retarded. Such children are especially liable to Pott's disease, hip disease, abscesses, etc. I have found that *calcarex phos.* scarcely ever fails when such conditions are present. I have used it in the milk or food that these children receive, putting a good-sized powder of the sixth trituration into it.

Calcarex fluor. I have only used in cases of enlarged glands and especially in the cervical glands when they are stony hard and indolent. I am not aware that these symptoms have ever been produced by the drug, but the above clinical usage of it appears to be reliable, at least I have so found it. The drug should be better proved.

Calcarex sulph. I have had no experience with in children, preferring the better known drugs whose action appears similar, such as *silicea* and *hepar sulph.*

Ferrum phos. is a drug that I have come to regard—hardly as a substitute for *chamomilla*—but one which is as great a remedy in children as *chamomilla*, and one that is, I believe, oftener indicated, especially indicated by clinical symptoms,

and its action is so certain that I believe, were it well proved, it would also be indicated pathogenetically oftener than *chamomilla*. Most all of the ailments to which we are called in children, present as a symptom, fever or more or less febrile disturbance. This febrile disturbance usually does not call for *aconite*, as we get there too late; nor does it present the well known characteristics of *belladonna*; nor the mental condition of *chamomilla*, yet in 99 cases out of 100 one of these drugs is given for the febrile disturbances of childhood, and the patient gets well—they would undoubtedly get well anyway—but I believe that in *Ferrum phos.* we possess a remedy that would make them get well quicker. I have used it with great success—more success than I ever had with these other drugs—in general febrile conditions of children, especially if associated with a watery diarrhoea or with undigested stools and white tongue and thirst. It has been aptly described as a drug which stands midway between *aconite* and *gelsemium*, and I believe that in these slight febrile ailments of children it is better than either.

Another use that I have made of *ferrum phos.* is in enuresis of children, wetting of the bed, especially if this seems to be caused by a weakness of the sphincter vesicæ. I have used it in numerous cases of this trouble and have succeeded in curing where *causticum* and *belladonna* have totally failed.

There is very little in medicine which I regard as *certain*, but one of the most certain things that I know of is the good results of *kali mur.* in sore throat, especially in ulcerated sore throat, where the throat is swollen covered with grayish or grayish-white patches and associated with fever, headache and aching of the whole body. Its action in such cases is marvelous, curing much more rapidly than any drug that I have ever used for such throats—and I have used a number of them. In children I have found it of great use in cases of ulcerated sore throat arising from errors of the digestive system. In two cases of diphtheria which I had recently, I gave this remedy alone in the third trituration with the most gratifying results. The febrile symptoms abated and the membrane speedily disappeared and the cases recovered

much more rapidly than I have ever seen them do when the *mercuries*, *kalis*, *lachesis*, *lac caninum* and other vaunted diphtheritic remedies had been given. This is the only use that I have ever made of *kali mur.* in children.

Kali phos. This remedy I have never given in any of the ailments of childhood, I know of no indications for the use of it or verified symptoms that it has cured.

Kali sulph. is a remedy that is very valuable in coughs of children especially where there is a great deal of rattling of mucus in the chest. It seems to lack the nausea of ipecac and the depression of tartar emetic. These coughs are worse in the evening and warm room which remind one of *pulsatilla*. I have come to rely on it greatly in these loose coughs of children. It has never been proved and its indications are still clinical.

Magnesia phos. I have given for the colic of infants and have seen good results, but I have had more success in the colics of grown people with it. The great key-note for its use in either case is the relief from warmth. It acts better given in hot water.

Of the *natrums*, *natrum mur.* is too well known and too wide of application to dwell upon here, but it may not be generally known what a valuable remedy we possess in *natrum phos.* This is certainly a wonderful remedy in digestive troubles of children, and especially is it of use in that class of children which Duncan denominates "acid children." In sour children who vomit sour matters, curdled milk, and who have sour smelling stools with often colicky pains, I have used this remedy with great success, and it is one that I can rely on. Babies who vomit a great deal will be greatly benefited by this remedy. Another use that I have made of the remedy is in the constipation of infants, here it nearly always works well. I have used the remedy also for worms after the indications of Schuessler, but have not found it of any particular service, although others of our school have reported favorably on its use for these troubles.

Natrum sulph., I have given for jaundice neonatorum, but as this will often disappear in a few days without any medi-

cine whatever I cannot say that I have ever had any marked results from its use.

Omitting *silicea*, which is too well known to homœopaths to need any comment, I will terminate by saying that these are about the only indications upon which I can rely for the use of the tissue remedies in diseases of children. There are certainly three of them that I could hardly get along without, namely: *ferrum phos.*, *calcareo phos.*, and *natrum phos.* I might perhaps include *kali mur.* among these, for there is no doubt, in my mind, that it comes as near being a specific for ulcerated sore throat as any remedy that I know of.

I should be pleased to hear the experience of other members of this society with these remedies.

RUPTURE OF UTERUS—A CASE.

By C. E. GROVE, SPOKANE, WASH.

This accident is one of such rare occurrence that it seems worth while to take sufficient time of the society to report it, and especially as it raises a question which may profitably be discussed by this body.

The case is one which occurred in Spokane recently, and which achieved sufficient notoriety to be somewhat familiar to our home physicians. The woman, Mrs. R., aet. 38, was born in Switzerland, and had given birth to six children. Her husband, a poor, ignorant, and rather miserly German, wishing to dispense with the expense of a physician's services for his wife's complaint, had engaged a midwife. She, as is her custom, gave ergot in the early stage, as she afterward admitted, after having ruptured the amniotic membranes. But, as labor did not progress, she finally got scared and told the husband that he must send for a doctor. The first doctor summoned refused to go, because he knew the midwife's practice in such cases and knew there would be trouble. A second doctor was called. He responded; but, after looking the case over and making an examination,

he too got scared and left the patient, saying he would send another doctor.

Soon after this I saw the case, and, on examining, found a transverse presentation with the head in the right iliac region and the feet in the left, with the right hand in the vagina. The bag of waters, I was told, was broken some six hours before, and the foetus was firmly encased, the uterus being contracted, but without expulsive pains. The labiae were swollen to the size of your fist. I put back the hand and tried to bring down the head. Failing in this, I next tried to bring down the feet; but I found I could not do this without using considerable force; and as even slight traction threatened to sever the body of the foetus, and since the woman was in a very depraved condition, being anæmic and emaciated, and with running sores of a scrofulous nature, I preferred to have some one else bear a part of the responsibility, and so told the man I must have help. He went out and in a little while brought in Dr. W., who, on examining, found exactly the condition I told him to look for. I then gave an anæsthetic while Dr. W. attempted version. He succeeded in bringing down the feet, but in so doing severed the neck and delivered the trunk without the head. After a fruitless attempt to deliver the head, he asked me to make an examination. I then discovered an extensive rupture of the lower segment and cervical region, and the head up in the abdominal cavity. Dr. W. then went out and got Dr. R., who, after examining the case and confirming our diagnosis, also agreed with us that a laparotomy was out of the question, as the woman, in her exceedingly weakened condition and filthy surroundings, could not possibly stand the operation. We explained the situation to the husband and told him that his wife must surely die, and that it was only a question of a few hours. We all expected that she would die from the *shock* in a very short time; but she lived about seventeen hours after we discovered the rupture and died apparently from peritonitis rather than from shock.

Now, the question arises, when did the rupture occur? It afterwards came out that the midwife had given ergot about seven hours before we discovered the rupture, and followed

it up a little later with more ergot, although at the time she denied having given any ergot at all. Could the rupture have existed when we attempted version and we not have discovered it? or did it occur about the time the trunk was delivered? And, again, does the fact that she lived seventeen hours after the rupture was discovered argue that laparotomy should have been done?

The rupture was verified by an autopsy.

PRESIDENT'S ADDRESS.

BY H. B. BAGLEY, M. D., SEATTLE, WASHINGTON.

[Read before the Homœopathic Medical Society of the State of Washington.]

Late in the year 1889 a call was issued to the homœopathic physicians of the State of Washington to meet at Seattle for the purpose of organizing a State society. One of the principal objects was to watch and direct the course of legislation during that critical transition period, and guide with whatever influence we could bring to bear the course of legislation, so that we might not be unjustly discriminated against in the medical code that was to be formulated by the first Legislature of our State. This society was then organized, and a committee on legislation appointed, into whose hands, for the time, the interests of Homœopathy were committed. They, in connection with Dr. C. G. Higbee, the then President of the Society, went to Olympia several times during the session of the Legislature, and worked faithfully with members of both houses in the interest of fairness towards all medical schools of recognized standing. The result was the present law, with the provisions of which you are all familiar. It is not the law that your committee advocated, although its working so far has been satisfactory, owing to the union of all of what the Allopaths are pleased to call the irregulars. This fortunate combination, however, affords us but a temporary victory. Three of the members of the Board retire this year, and, had Governor Ferry been permanently out of the way, Lieutenant-Governor Laughton



had promised on his honor (whatever that implies) that he would give the Allopaths the majority of the board.

The allopathic physicians of all the States that have medical boards ardently desire and work for mixed boards, and in every State, with the single exception of Washington, have a majority on such boards, and use their power to crowd to the wall and trample down and belittle all schools of medicine that refuse to bow the head and bend the knee to their ancient Moloch. Antiquity seems to be the one thing most dear to their hearts. It reminds one of the fable of the old donkey who feigned contempt for the steam engine—hadn't he and his ancestors carried burdens for centuries?—and the idea that a steam engine, with its limited experience, should have the cheek to compete with him!

All of the great schools of medicine are fully agreed as to the propriety of State supervision over the qualifications of those who practice the dangerous art of healing within their boundary, although they differ widely as to the best means of its accomplishment. The allopathic school, through its legislative committee, was instrumental in having the present bill passed, providing for a single, mixed board composed of nine physicians to be appointed by the chief executive of the State. These were the best terms that they could possibly secure. They tried very hard to secure the insertion of a clause to the effect that not less than five members of the board should be old-school, or allopathic, physicians. This proposition was relinquished only when it was believed that further insistence would imperil the whole bill. In accepting the bill in its present form, however, it was thought that there would be very little difficulty experienced in securing the appointment of the requisite five which would give them control of the board. Fortunately for us, however, they counted without their host, for, in spite of blandishments and attempts at intimidation and the bringing to bear of undue influence to such an offensive extent that Governor Ferry actually ordered one of them out of his office, Governor Ferry's fine sense of fairness and justice was invulnerable to any logic that they were able to mass against it. Their most weighty argument was the same that had been used with such good effect before the Governors of all other

States which have medical examining boards, and which has so very recently placed our neighboring homœopathists of California under this allopathic wheel of Juggernaut—namely, the vast preponderance, as to numbers, of allopathic physicians over those of other schools. They represented to the Governor that there were more than seven hundred Allopaths practicing in this State, and not more than seventy graduates of all other schools. This, at first flush seemed a startling declaration; but on investigation I feel like the fellow who had a falling out with his landlady. He said: “Now we have had a row, and she is an old gossip and tattler, and she will go and tell a whole lot of lies about me, and the worst of it is they will be more than half true.” That is the way I feel in relation to this matter; the worst of it is that it is more than half true, and a good deal more than half true. In fact I am convinced that their estimate is very nearly correct; but, gentlemen, justice and equity are not meted out to the heaviest battalions. There should be professional or medical as well as religious and personal liberty, having nothing to do with and being entirely independent of majorities. The logic that would compel a Unitarian clergyman to go before a board the majority of whom were Catholics to be examined as to his qualifications to preach, because the Catholics were the most numerous, might be fair logic as applied to numbers, but would be the rankest injustice and oppression to all concerned except the Catholics, and opposed to the American idea of liberty. It would be liberty for the Catholics to oppress and crack their ecclesiastical whip over the Unitarian and others that might compose the board. In our opinion, the only perfectly fair and impartial manner of adjusting the balance of power between the different schools of medicine is to let each school have control of its own board of examiners; then the responsibility for the qualifications and the character of applicants would be judged by those who have an interest in keeping up the standard of their respective schools. With the present domineering propensity of the Allopaths and their immense preponderance of numbers, it is simply impossible to secure justice for the homœopathic and other legitimate and recognized schools of medicine. There is a time coming when we

shall have to battle for separate examining boards. The best men in our ranks throughout the different States favor it, and until we can trust somewhat to the generosity of our adversaries it is our only ark of safety. The white-winged dove of peace is a very pretty bird, and has a very pleasant voice and alluring manners, but Homœopathy has never scored a victory without a fight, and, my comrades, a lasting victory is not for us, and will never be, until we have separate examining boards. Mixed boards are abnormal, unjust and unpleasant for all concerned, and cannot be carried on without a degree of friction that will greatly impair their usefulness. Our friends the enemy are at present quiet and resigned, but it is not the quiet of satisfaction, nor yet the resignation of hopeless defeat.

Low, murmuring sounds along their banners fly;
Revenge or death, the watchword and reply.

They are determined to have control of the examining board, and very impatiently bide their time. While Governor Ferry lives and performs the functions of the gubernatorial office, I have no fear that we shall be deprived of any of our rights; but without a staunch friend of justice and impartiality in that position, and with the immense pressure that will be brought to bear, we will be lucky dogs if we get a bone. We will be like the Irishman's toad—when he jumped over a fence he crawled under it. Now my idea is that before that time comes it would be politic to make overtures to the Allopaths, while they are under the fence, to join us in an effort to have the present law amended so as to allow each school to have its own examining board.

Whatever measures are to be championed for the betterment of Homœopathy in this State must be originated and prosecuted by this organization, and it is to be regretted that the full strength of the profession in the State is not represented in this society. I have made it a practice to urge upon those who are not members, to become such; and each member of the society should do like missionary work. It is only by union that we can become strong, and it is only as we are strong that we can be effective in whatever we may undertake. There should be a complete directory, containing the name and address of every homœopathic physician

in the State, in the hands of the Secretary; and I will suggest that every member present hand in to the Secretary the name and address of every homœopathic physician he may know in the State, who is not a member. This will add something to our stock of archives, and in the beginning every little helps. If the members will do this, and not forget or neglect it, we shall be grateful for the favor.

Within this society there should be a provers' union, wherein the proving of each drug should be supplemented by the addition of verified symptoms from the clinical experience of each prover. The verified symptoms should be as thorough and extensive as possible, and, coming from physicians in active practice, ought to be very valuable, and add very much to our usefulness as a society of scientific investigation.

The distinctive feature of Homœopathy lies in its peculiar teachings and practice of materia medica. If it were not for our faith in the like that cures, we might pass for Eclectics, Physio-medicos, or any one of a dozen other systems.

The very early history of materia medica is shrouded in obscurity. Doubtless as soon as humanity began to suffer from disease, instinct or accident prompted them to seek, in the use of substances other than food, relief from pain and suffering. As many of these substances were observed to act favorably, the recollection of their effects would be treasured up, and, as written language took the place of tradition, such collections would naturally form the first volume of a materia medica. The first volume of homœopathic materia medica was published in 1811, twenty years from the discovery of the law of cure by the immortal Hahnemann, and from that time to the present it has received constant additions. Many of these drugs have been elaborately proven in almost every conceivable dose and upon a great number of individuals, the number of symptoms frequently running as high as fifteen hundred to two thousand, and new provings have added nothing to them, while others are more imperfectly developed, and new provings might be made to advantage. It has been objected to our materia medica that while it is ample in the manifestations of diseased action, it is wanting in those graver pathological changes which are

further on the subject of treatment. In other words, that our provings have not been pushed far enough, have not produced tubercles, cancers, hepatized lungs, dropsies, Bright's kidney, and many other pathological changes. Fortunately, however, such extreme measures in proving are unnecessary. Suppose, for instance, that a prover, in his zeal for suffering humanity, should swallow such quantities of a drug as to cause thereby his sickness and death, and that a *post-mortem* examination should reveal tubercles in the lungs, would it follow that this drug should be the remedy for tubercular consumption? Not at all. These tubercles could never have appeared unless their essential germ elements, the bacilli, had existed before he took the drug; and the fact of their being excited into activity by the drug by no means settles the question of its homœopathicity to that particular pathological condition. The same may be said of cancers and kindred forms of disease.

The society should take some action at this session to have some printing done. I would suggest that, by all means, we should have a limited number of our constitution and by-laws printed, so that each member may have one for reference. It will be necessary for the society to instruct the Secretary by resolution.

In conclusion, gentlemen, I would urge upon you that you be vigilant, active and untiring in the cause you have espoused. This society must not die; it must live on throughout the ages. It has hard work and high achievements ahead. The work of this session is the commencement of a brilliant future for Homœopathy in the State of Washington. Look, and you may see faintly penciled on the horizon of the future the dawning of a better day. Listen, and you may hear the matins that shall usher in that brighter morn.

THERE are sixty-six homœopathic hospitals in the United States which contain 6,320 beds. During the year 1890, 33,736 patients were treated, with a death rate of only 3.3 per cent.

Petroleum.—Cracks and fissures in bend of joints.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

CLINICAL ADVANTAGES OF LONDON.

No. I.

By request of the editors, we have consented to give our readers, through the department of the journal over which we have been called to preside, some of the impressions gleaned from our recent studies in the hospitals of the great metropolis. Our chief thought in landing in Liverpool was of the restful atmosphere of Kirby Muxloe, near Leicester, where our English kin were spending their summer vacation, and the delightful and diverting influence of "week-end" trips to the few historic cathedrals and ruins which we did not see during our visit here five years ago. In an incidental trip to London, *en route*, to Canterbury, we learned of the session of the British Homœopathic Congress, and the expected visit of the Emperor William, and while in pursuit of these interesting occasions, we fell upon a line of clinical investigation that absorbed our entire attention up to the time of departure. The British Congress and London Society were held jointly, and gave us another opportunity of extending the pleasant acquaintances of our former visit. Dr. Hughes' beaming face lit up the assembly, and seemed to have won an extra radiance from his American experience, which we learn to be a truth from his own voluntary confession. Dr. Dudgeon's address, as President of the London Homœopathic Medical Society, was a most charming production, scintillating with a most chaste and exquisite humor throughout. His parodies showed a wide acquaintance with the classics and a high ability in the exceptional power of acceptable parody. The annual address of Mr. Harris, President of the British Homœopathic Congress, was a most thoughtful, candid and scholarly production, and though taking a somewhat pessimistic view of the future of homœop

athy in the British Isles, will doubtless have a beneficial effect upon the future of the distinguished gathering. Dr. John Beaumont, Professor of Ophthalmology in the homœopathic department of the University of Minnesota, was the sole foreign representative save your correspondent. We were invited guests at the magnificent banquet given by the London Society at the "Holborn Restaurant," called "The Royal Venetian Chambers." The company numbered about two hundred and it was a most delightful occasion.

The Institutions of London in which nose and throat; or nose, throat and ear diseases are exclusively treated, are so numerous that a mere catalogue of them would require all our space. Our limited time in London only permitted us to visit those that were adjacent to, and whose hours did not conflict with the operative clinic at the central ophthalmic hospitals. The "Central London Throat, Nose and Ear Hospital" is an admirable organization, and presided over by that brilliant throat specialist, Mr. Lennox Browne, with an able staff of assistants. Then there is the "London Throat Hospital," and "The Throat Hospital of Golden Square." Of the great throat specialists of London, Sir Morrill McKenzie and Lennox Browne doubtless stand at the head. In the finer application of electricity to the pathological conditions found in these specialties, it seemed to me that Bosworth and Cohen, and men of that class on this side of the water, are in no sense behind their British colleagues. In the throat departments, as well as in the ophthalmological clinics, we were impressed with the cordiality of the greater London specialists, and their willingness to impart any coveted information to hungry seekers, and the total absence of any of that air of superiority which in a few instances marked the bearing of those who are just reaching the horizon of professional note. It has been said that comparisons are odious, but we can but feel that in the quality of throat work the student gains nothing in going abroad, but the immense population of London gives them an advantage in the size of their clinics. Through all our clinical experience in England we were on every hand impressed with the great loss sustained from the absence of our homœopathic therapeutics as adjuvants to their noble

efforts. As our principal work was done in "The Royal London Ophthalmic Hospital," Moorfields, we shall have something to say about that admirable Institution in our next.

H. C. F.

Colleges and Hospitals.

Southern California Homœopathic Medical Society.

The Southern California Homœopathic Medical Society will hold its second (first semi-annual) meeting at the Hotel del Coronado, San Diego, on Wednesday, Thursday and Friday, October 14th, 15th and 16th, 1891.

The Executive Committee have assumed the responsibility of making arrangements for a three days' session, because at the May meeting, held at Los Angeles, the pressure and interest of the work were too great to give to members in attendance leisure for recreation and rest. The approaching session, it is hoped, will afford ample time for the prosecution of the legitimate work of the society, and at the same time give an opportunity to make the occasion one of perfect rest from professional care and of recuperation from the heat of midsummer.

The Hotel del Coronado will furnish convenient and pleasant rooms, such as rate at three and four dollars per day, at a charge of \$2.50 per day, including board. Exceedingly pleasant parlors for convention purposes are also placed at the disposal of the society. Those familiar with the location and furnishings of this famous sea-side resort are aware that a more satisfactory place of meeting could not be found. The hotel itself is complete in its arrangements; the table service is excellent; the air is cool and bracing; green-sward, flowers, and shrubbery abound; every facility for sea-bathing, boating, and fishing, is provided; and bowling alley, lawn-tennis grounds, and billiard tables, are open to guests.

Probably the work of the society will be divided as follows :

First day (Wednesday): Business session, address, and bureau work, from 3:30 to 6 P. M.; at 8 P. M., informal re-

ception to members and friends; music by the orchestra of the Hotel del Coronado. Second day (Thursday): Regular sessions in the morning, afternoon, and evening. Third day (Friday): Regular session in the morning; in the afternoon the resident members of the society hope to tender to the friends from abroad a sail on the bay of San Diego, and a basket picnic at Ballast Point.

The reports of bureaus promise to be full and interesting, and the meeting will be profitable. Not only the members of the society, but our colleagues throughout the State are earnestly invited to be present. It is particularly requested that *all* will be present at the opening session, and that all who expect to meet with the society will, at an early opportunity, notify the Executive Committee of their intention to be present.

SAN DIEGO, September, 1891.

JOSEPH RHODES, M. D., San Diego.

B. F. MERTZMAN, M. D., San Diego.

S. H. BOYNTON, M. D., Los Angeles.

Executive Committee.

Editorial Notes.

THE Board of Health recently audited a bill of some \$350 presented by the City and County Hospital authorities for the month of July, "for rare, infrequently used drugs," which Superintendent Healy admitted were to experiment with, that the hospital was a medical school, and that students were there to experiment. The sooner that the homœopathic portion of the tax payers of San Francisco awaken to the fact that Homœopaths should have equal rights in public institutions, the better it will be not only for the poor but for their own pockets. Were the hospital entirely under homœopathic control the drug bill would be a very small item, and the patient correspondingly benefited. If \$350 be paid for the rare drugs, what must the ordinary drugs cost? If the hospital is a medical school, and furnish patients and

costly drugs for the students to experiment with, why should not the students pay for them as in other medical colleges, and not the city. The City and County Hospital appears to be run by the same allopathic medical trust that runs the Board of Health, that tried to run the legislature last winter, that runs Governor Markham's appointments on health boards, insane asylums, etc., and that has been unsuccessfully endeavoring to run the homœopathic part of the profession for years. We must unite our forces against these abuses. We have the cream of the practice of the State. Our wealthiest and most influential citizens are adherents to our advanced system of medicine, and by concerted action we may be able to force a recognition, whereas if we become indifferent all will be inside the allopathic lion. W. A. D.

THE following from the *Pacific Drug Review* of Portland, states one of the abuses that people are subject to who employ allopathic physicians:

PERCENTAGE ON PRESCRIPTIONS.—San Francisco is said to have a world-wide reputation for the percentage system in the drug business, and it is stated upon good authority that a commission of from 25 to 50 per cent. is freely turned over to a large number of physicians all of which is unquestionably paid by the consumers. At a recent meeting of the San Francisco Medical Society, one of our well-known M. D.'s said: "There is too much of this kind of business going on, and I can name a prominent physician whose commissions amount to \$1500.00 per month. This may seem like imagination but it is true nevertheless. The system is far too prevalent among the reputable doctors of this city, and I think it is time that the practice should be done away with. There is hardly a drug store in the city of any size that does not encourage doctors to send them all the business they can. An account is kept and a commission varying in accordance with the volume of prescriptions put up is paid over each month to the medical practitioner. There are several doctors in this city who own drug stores and derive large profits from their own prescriptions. In most cases they conduct them under some other name than their own. A physician might conduct a drug store with impunity in his own name, but professional etiquette requires him to either be a medical practitioner or a pharmacist. The newspapers have taken hold in this city and are at least opening the eyes of the public to the fact that they are being swindled, and it seems altogether probable that the efforts to abolish this practice will be partially successful."

Homœopathic physicians who dispense their own medicines have no use for allopathic prescriptions—and those

who habitually send their patients to drug stores for such, and there are unfortunately a few of this stamp, are sailing under false colors, Homœopathic only in a self-styled way. They are go-to-church-for-business-doctors; drug-store-commission-doctors, and even steal-and-get-business-doctors, and should be avoided, for no greater steal can be perpetrated upon a patient than to be sent to a drug-store for a worthless prescription, which is simply to act as an adjuvant, not to the cure, but to the doctor's purse.

W. A. D.

WE have always objected to the term "regular" as applied to the Allopathic school of medicine by some of our contemporaries. We never could understand why they were so willing to tacitly admit their own irregularity.

The meaning that we have always attached to the word "regular physician" is, a graduate of a regular medical college, and the following letter from the War Department to Dr. Gilchrist, of Iowa City, is conclusive evidence that a Homœopath is as regular as an Allopath.

"Subject:—Meaning of Term 'Regular Medical College.'"

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, }
WASHINGTON, Aug. 4, 1891.

James G. Gilchrist, M. D., Committee of Central Iowa Homœopathic Medical Society, Iowa City, Iowa:

SIR:—Acknowledging the receipt, by reference, of your communication of the 1st instant, requesting a decision as to the meaning of the term "Regular Medical College," in paragraph 1544, Army Regulations, I am instructed by the Surgeon General to inform you that the term "regular" is used in its most comprehensive sense, as indicating that a college is well equipped and prepared to cover the whole ground of the science and art of medicine in its teaching, and requires not less than a three years' course of study to secure its diploma. Very respectfully,

CHAS. R. GREENLEAF,
Lt. Col. and Asst. Medical Purveyor, U. S. Army.

This is decisive in the matter of education, and Dr. Chapman, in his article "Who are the Regulars," has proved that in practice they are certainly not the Allopaths; therefore let us call them not regular or rational, but just plain allopathic or old-school.

W. A. D.

Personals.

DR. C. A. GOSS recently paid us a brief visit.

DR. J. J. PECKHAM has removed to San José.

DR. B. F. GAMBER has located at Leyards, Cal.

DR. G. G. CASWELL is flourishing in Ocosta, Washington.

DR. P. G. DENNINGER, of San José, is rustivating in the country.

DR. FRANK KRAFT has withdrawn from the Cleveland Homœopathic Hospital College.

DR. MARY A. GAULT, the first women admitted to the University of Edinburgh, has charge of a hospital at Osaka, Japan.

DR. J. J. MILLER is spending a much-earned vacation up amongst the head waters of the Columbia river, canoeing, fishing, etc.

DR. C. W. BREYFOGLE, of San Jose, recently paid a visit to San Francisco. The doctor looks well and feels all the better for his rest and trip abroad.

DR. WM. BOERICKE has removed his residence to 1812 Washington street, above Van Ness avenue. Down town office remains at 330 Sutter street.

THE meeting of the Southern California Homœopathic Medical Society will be held at San Diego, October 14th and 15th, 1891. Further particulars in DR. ARNDT's communication.

DR. E. ULRICH, of San José, has recently been confined to his bed by a severe illness. The doctor is now spending a few days in the mountains and is convalescing rapidly.

DR. E. B. GRAHAM, of Ogden, Utah, recently spent considerable time in this city. The doctor is one of the principal homœopaths of Ogden, having a large and lucrative practice in that growing city.

DR. C. E. FISHER, editor of the *Southern Journal of Homœopathy*, and well known to our readers, has opened a Homœopathic Medical and Surgical Infirmary at San Antonio, Texas. The doctor has the best wishes of the *Homœopath* in his praiseworthy undertaking. The name of the institution, which the doctor either picked up in Rome, or Oakland, Cal., is The Fabiola, and it is the only institution of its kind in Texas devoted to homœopathy. Success to you, doctor!

WE notice that Messrs. BOERICKE & RUNYON have recently made some alteration in their pharmacy at 234 Sutter street, instead of the short, squatty appearance of their store, the visitor now notices upon entering, the office and counting-room, where a large portion of their rapidly increasing business is conducted. It gives an air of cheerfulness and enterprise that characterize the new management. We congratulate them, and take pleasure in recommending the medical profession to purchase their supplies of BOERICKE & RUNYON.

Book Reviews.

The Pocket Anatomist. Founded upon Gray. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine. Fourteenth revised edition. Containing Dissection Hints and Viscera Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co. Publishers. Cloth; 297 pp.; 193 illustrations; price, postpaid, \$1.

This book is issued on thin, though nicely-glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save as much thumbing as possible. The useless "questions" are absent in this work, and their room given to needed illustrations or terse descriptions of the minor parts found in the several dissections made. The chapter given to "Dissection Hints" gives the lines of incision necessary to best expose the underlying organs, arteries, nerves or muscles. The chapter on "Gynecological Anatomy" can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a reprinting in England, after some three thousand copies had been sold over there by the American publishers.

Socialism. By JOHN STUART MILL. Being a collection of his writings on Socialism, with Chapters on Democracy, The Right of Property in Land, and the Enfranchisement of Women. No. 2 of the Social Science Library. New York: Humboldt Publishing Co.

The publication of a special volume showing John Stuart Mill's attitude upon the question of Socialism should be matter of congratulation, both to Individualists and Socialists. By his position in society, which was one of easy independence, rendered healthy by very moderate official toil, he was most fortunately placed for the literary work to which he devoted his life; his writings mark exactly the beginning of the transition period from the *laissez faire* theories that had so long dominated English thought, and by the natural repose of his character he was singularly fitted to fill the office which

he regarded as the crying necessity of the hour, viz.: that of "an unprejudiced legislator, absolutely impartial between the possessors of property and the non-possessors."

John Stuart Mill was more than a mere student of the closet. Throughout his life he mixed on terms of the closest intimacy with the most distinguished men of his day, and he himself served in parliament. As a student he followed closely the speculative thought of Europe, though his ignorance of German, at a time when there were few translations, handicapped him heavily. As a man of action he took part in all the progressive movements of the time; battled bravely for women suffrage; insisted strenuously on the right of the poorest to a voice in the councils of the nation, since their very existence was jeopardized by misgovernment; and anticipated the whole Irish and general agrarian movement by the keenness of his criticism on the sins of landlords. All these subjects are treated, with a peculiar lucidity that John Stuart Mill had invariably at command, in this second volume of the "Social Science Library." They make 214 pages of excellent reading matter, and at the modest price of 25 cents, should be read by many.

Medical Symbolism. BY DR. T. S. SOZINSKEY. Philadelphia and London: F. A. Davis, 1891.

It is good at times to leave the stereotype medical study of books on pathology and practice, and the perusal of our numerous journals, and devote a few spare moments to the perusal of subjects somewhat removed from the immediately practical. This little work is one of the most interesting for physicians, since it deals with medical symbols, the origin of which it behooves every physician to know something about. This small book is a veritable mine of facts pertaining to medical symbols and merits a close perusal.

A Compend of Physiology. By A. P. BRUBAKER, M. D. Philadelphia: P. Blackiston, Son & Co., 1891.

This is No. 4 of the well known series of quiz compends and this is the sixth edition of this one. Not only is it a valuable aid to students, but for a practitioner it is a convenient way to brush up his rusty physiology with a small amount of reading. Our students know the book too well to need any words of commendation from us, and we can only advise physicians to procure it, for certainly no one knows too much physiology. D.

The Journal of Gynæology.

A monthly journal of obstetrics, gynecology and abdominal surgery, edited by Chas. N. Smith, M. D., Toledo, Ohio, has recently been started, and looks most promisingly, judging from the number before us. Every physician has more or less gynecological work to do, and it is well to be informed from time to time of the best work done by leading men in the profession in that speciality. The July number contains a most valuable article by Dr. Longyear, on the relation of gonorrhœa to disease of the uterine appendages, which article alone is worth the year's subscription, viz: \$1.50. Address, Dr. Chas. N. Smith, Toledo, Ohio.

The Herald of Health and Homœopathy. Vol. 1, No. 1. Boericke & Runyon, San Francisco and Portland.

The first number of a new popular journal devoted to the medical wants of the people is before us. It seems admirably adapted to the present needs of this community, spreading a knowledge of homœopathy and of hygienic and dietetic measures generally. It seems to us that such a missionary paper ought to receive the hearty endorsement of every physician, and the publishers will be glad to supply physicians with any number of copies that they may desire for distribution.

Augina Ludovici. By E. LIPPENCOTT, M. D. Reprint from *Journal of Ophthalmology*.

Proceedings of the 22nd Annual Session of the Homœopathic Medical Society of Michigan.

Crude and Infinitesimal Doses. By HENRY SHEFFIELD, Nashville, Tenn.
A neat little pamphlet for Missionary work.

Clinical Items.

WHOOPING COUGH.—A celebrated Belgian homœopathic doctor says: "I know of no disease in which the alternation of remedies produces such a good effect as in whooping cough. At the commencement I give *ipecac*, *belladonna*, and *drosera* alternately for eight days, then I replace the *ipecac* with *kali bich.* for another eight days, finally during the third week I administer alternately *drosera*, *kali bich.* and *arsenicum*. In this manner treated whooping cough terminates gradually and without complication. Rarely do I use other drugs such as *cuprum*, *coccus cacti*, *conium*, etc. With this treatment I never had a case terminate fatally; recovery is rapid even in those cases coming from allopathic hands."

Cicuta.—Yellow scurfs on left corner of mouth, discharging yellow corrosive fluid; may extend over the lip, chin and cheek.

Ammon. caust.—Inability to speak above a whisper, with raw feeling in larynx.

Natrum mur.—Constipation from inactivity of the rectum—stools hard, crumbling, with stitches in rectum and burning. Hæmorrhoids with stinging pain; herpetic eruption around anus.

Ptelia is indicated when there are irritability, dull confused frontal headache, bitter taste, eructations, liver region swollen, languor and muscular soreness. Hepatic and gastric disturbances.

Astacus fluv.—Swelling of cervical glands and jaundice, pain in liver and clay colored stools. Inward chilliness.

Argentum.—Tearing in arms, knees and feet. Stitches in hips. Knee feels as if bruised. Knees knock together when walking.

Phosphorus.—Rheumatic stiffness of knees and pains to feet, with swelling of tibia. Pain in soles of feet. Feet icy-cold. Limbs tremble and are cold. Nightly attacks of fidgets driving out of bed.

Nitric Acid.—Chronic catarrh, syphilitic ozoena—mucus is discharged only through posterior nares. Fetid and yellow and dropping of water from the nostrils. Stitches in nose as from splinters, when touching it. Eruption on alae with itching redness of tip; aphoria with coryza.

Selections.

REMARKS ON THE MANAGEMENT OF LITHÆMIA.*

By ANDREW H. SMITH, M. D.

Dr. Smith said that he did not think we could assume that there was such a thing as lithuria without lithæmia, although we may have lithæmia without lithuria, in the sense of a de-

* Clinical Society, March 28th, 1891.

posit of lithic acid or of lithates in the urine. Lithæmia might be a condition and not a disease. Thus, we might have an excess of lithic acid in the blood without any symptoms of disease accompanying it, and, if we considered this a morbid condition of the blood, it might come within the definition of a disease; but there are many people who constantly exhibit deposits of lithic acid or urates, and yet they are in perfect health; and, again, the condition is frequently temporary and dependent upon exhaustion from severe muscular effort or upon a transient digestion. If a disease, there should be associated with the cases of lithic acid in the blood some symptoms. It was probable that so long as the uric acid was freely eliminated it might be formed in considerable excess without disturbing the system; but if, for instance, there was an acidity of the blood brought about by an imperfect digestion or assimilation, it would be possible for the acid to be precipitated in any part of the body, thus giving rise to disturbance of function of those parts. Where lithic acid was deposited in the tissues in combination with bases, we had the symptoms familiar to us in gout.

As to the diagnosis, Dr. Smith said we were apt to find a symptom group made up about as follows: The patient, without being positively ill, did not feel well, and suffered either from mental hebetude or from irritability; or there might be insomnia, digestive disturbances, increased after eating; generally there was constipation, frequently hæmorrhoides, and often certain affections of the skin, such as lichen or eczema. Some patients frequently complain of giddiness and of specks before the eyes; but irritability of temper was a very prominent symptom; neuralgic pains, and aching and weariness of the limbs, are common. There is usually a deposit in the urine, either brownish or pinkish, consisting of crystals of uric acid, stained by certain coloring matters in the urine, or of crystals of lithic acid in combination with sodium, ammonium, or magnesium. This deposit occurs when the urine cools, and redissolves on heating. It is not soluble in the acids, except sulphuric acid, but is readily soluble in alkalies; the urine is always acid, and it is this acidity which throws down the crystals of

uric acid. From a clinical standpoint it was interesting to determine how far the uric acid was responsible for the symptoms which are associated with this condition. He thought we could hardly consider it settled whether the uric acid itself was the foundation or the result. The determination of this question would probably involve the determination of whether uric acid was formed in excess, or whether, when in normal quantity, it is deposited under certain abnormal conditions. For instance, if there were imperfect digestion and malassimilation, with consequent throwing into the blood of the products of fermentation, the acids produced might cause the deposition of the uric acid. It was certain that these symptoms were not uncommonly met with without any marked deposit of uric acid or lithates in the urine. However, if this condition be attacked by remedies upon the supposition that uric acid is the foundation of the trouble, the treatment is usually successful. Besides the formation of bile, the liver has the glycogenic function, and functions connected with retrograde metamorphosis, and probably the failure of lithic acid to be oxidized into urea is due in part to the defective action of the liver. This conclusion would seem to be a fair one from a clinical standpoint, for mercurials and also nitric acid have a peculiar action on the liver, and are peculiarly efficacious in lithæmia.

Clinically this condition is presented to us, first, among people who do not take enough exercise in proportion to their eating; and, secondly, in a class of persons who are moderate eaters, but are of a highly nervous organization, and in this class the symptoms usually develop as the result of nervous strain, or long-continued anxiety, or mental labor. The importance of bearing in mind these two classes is evident in the management of these cases. In the first class we would employ vigorous purgation, whereas in the second class the treatment would be rather of a tonic nature.

Management.—First, as to the matter of diet. As uric acid is a nitrogenous substance, we would naturally think that it would be sufficient to deprive the patient of nitrogenous material; but the habit of excreting such material still continues, even though it be withheld from the dietary. It is like a spendthrift, who cannot be cured by withholding

money from him; he must be educated to better habits. Just as the spendthrift will pawn his clothes to get money, so the system will pawn the tissues, so to speak, to obtain nitrogen. Formerly it was supposed to be essential to withhold nitrogenous food, but few insist upon this point now. The great point is to secure a diet which will be readily assimilated, no matter what its composition; for any other diet will inevitably result in the production of various fermentative products, acids, etc., which will derange the metabolic processes more than would result from a little more or less of some one constituent in the food. If the food occasions the patient distress soon after its ingestion, it can be assumed that the trouble is in the digestion of the albuminous materials. On the contrary, if the disturbance occurs later—in other words, if the indigestion be intestinal—we may say in a general way that the difficulty is with the carbohydrates and the hydrocarbons—the starches, sugars, and fats. The diet should be regulated tentatively, and then the further management of the case will depend upon which of the two classes the case belongs to. If the patient be plethoric, saline purgatives are valuable. Sir Henry Thompson considers the sulphate of soda particularly valuable, and he bases this view upon the fact that it purges by exciting elimination from the glandular structures, rather than by increasing peristalsis or osmosis as is the case with the other saline cathartics; and, in addition to this, it acts decidedly upon the liver. A course of purgation with salines, or with Friedrichshall, Hunyadi, or similar waters, is appropriate for the first few days. After this nitric acid should be administered for a week or two and then a persistent course of alkalies should be given. Alkaline waters present the alkali in an agreeable form, and they insure the patient's taking a large quantity of fluid, which is necessary in these cases in order to secure a thorough action of the kidneys and bowels. In this country the most decidedly alkaline is the Saratoga Vichy. Waters containing lithia are especially valuable, for the reason that a smaller quantity of lithium will neutralize a given quantity of acid than almost any other alkali or alkaline earth; thus, seven grains of lithium will neutralize as much acid as twenty-three grains of sodium or forty grains

of potassium. The three prominent lithia springs are the Buffalo Lithia, the Farmville, and the Londonderry, the latter being the strongest. These waters should be taken for a long time, and in sufficient quantity to keep the urine very feebly acid.

Where the nervous symptoms predominate largely over the digestive disturbances, active purgation is not desirable; the object of treatment should be to conserve the deteriorated forces; and in some cases it has even been suggested that the patients should be kept in bed. Appropriate tonics are indicated. Lithæmia being a condition of imperfect oxidation, it may be said that free exercise in the open air is a *sine qua non* of treatment. Neurasthenic patients, however, will need the open air without muscular exercise, and, therefore, carriage riding is appropriate.

One manifestation of lithæmia had come under the speaker's notice in which there were digestive disturbance, palpitation of the heart, and insomnia. This combination was most commonly found in the neurasthenic cases, and if their common origin is not recognized the patient is apt to be treated for each condition separately. The speaker referred to a severe case of this kind in which, after long symptomatic treatment, the patient was much worse and contemplated suicide. In that case, the speaker employed lavage with the happiest results. The digestive disturbance was at the foundation of the difficulty, probably owing to fermentation in the intestinal canal. The cardiac palpitation arose from the same cause, and it was this that prevented sleep. With the relief of the dyspepsia all the symptoms quickly disappeared. In this class of cases, he believed lavage very useful, not only because of the local effect of the water upon the stomach, but the flushing of the stomach with large quantities of warm water provided for a very rapid absorption of this water, and its speedy conveyance to the portal circulation. In some peculiarly obstinate cases it might be well to employ the iodide of potassium, and occasionally colchicum might be useful, but he would not give it in any case where there was irritability of the stomach, and it should be given cautiously. As any kind of treatment which will facilitate digestion will be beneficial in lithæmia, any of the recognized digestive agents may prove beneficial.

The Treatment of Cough in Phthisis.

In discussing this subject, Dr. J. Mitchell Bruce divides the coughs of phthisis into the following: (1) Cough in the evening. (2.) Cough at bed time. (3.) Cough during the night. (4.) Cough on awaking, stirring, rising and dressing in the morning. (5.) Cough after meals. (6.) Excessive cough at any time, with or without abundant expectoration.

1. *Cough in the Evening.*—Patients with phthisis are very apt to spend their evenings in overheated rooms with other members of the family, breathing the products of respiration and burning gas, possibly with tobacco smoke; talking, laughing, bearing up against an increasing sense of weariness for the sake of friends, or to snatch a little social enjoyment after the invalid's day. This unwholesome arrangement gives rise to exhaustion, rise of temperature and cough. No drug treatment is required. Simply have the patient go to bed at eight o'clock.

2. *Cough at Bedtime.*—This distressing symptom is generally induced by the hurried movement, exertion, change of temperature, and change of posture which the poor breathless and feverish patient has to encounter in the process of retiring upstairs, undressing, lying down, and getting or trying to get to sleep. The patient must be instructed to retire to his bed-room slowly; a bad case must be carried. The room must have been thoroughly ventilated and sweet and clean, and warm and comfortable with a fire in winter. He should rest in an easy chair for awhile, and then undress slowly at the hearth. Having completed his toilet, he puts on a long woolen night-shirt reaching to his feet. Then he must slip slowly into bed. If this plan fail, then try the following:

R. Spirit. chloroformi..... ℥ iij.
 Succ. limonis ℥ xv.
 Mucilaginis acaciæ..... ad 3j.

To be sucked slowly from a spoon; not taken with water. If this fail, then add sufficient morphia to control sleep.

3. *Cough at Night.*—The cause of this cough is accumulation of the secretions, exhaustion and consequent irritability of the nervous centres, and activity of the disease,

with pyrexia and general discomfort and restlessness. This cough is to be controlled by warm food during the night, and stimulants to be taken with the broth or milk, in the shape of brandy, whisky or port.

4. *Morning Cough*.—This morning cough is characterized by very abundant expectoration. This treatment is to assist expectoration, and to refresh the system, and avoid narcotics. It is to be assisted, partly controlled by an early breakfast, which may consist of cocoa or tea, with bread and butter, and perhaps an egg in some form. The effect of this food is soon appreciable; the vigor of the cough is increased; the sputum becomes more liquid.

5. *Cough after Meals*.—The subjects of cough after meals are apt to be severely stricken with the disease. The throat and stomach are peculiarly irritable, and occasionally there is distinct gastroectasis. The treatment of this kind of cough taxes our resources to the utmost. We may try rest after meals, or take the meal while reclining on a couch; regulation of the diet (beer in particular seems to be unsuitable); a few minutes rest before meals, or the preparation of the stomach for food by the administration of a light alkaline or bitter stomachic; counter-irritation of the chest-wall over the large cavity which is almost sure to exist; strychnia before or after meals. Morphia is not to be recommended in this condition.

6. *Cough at any Time*.—We may try to relieve excessive cough by any of the following measures: Pounded ice swallowed (not sucked) will often arrest paroxysmal cough, but it is apt to induce flatulence; menthol inhalations; a warm alum spray used with a Siegele's apparatus for a few minutes occasionally; a solution of morphine.—*International Clinic*, April, 1891.

Remarkable Operation on a Young Woman's Nose.

A remarkable surgical operation has just been performed at the Huron-street Homœopathic Hospital, Cleveland, Ohio, by Dr. H. F. Biggar. The patient, Miss Mamie Miller, is 16 years of age. A cancerous affection had de-

stroyed the left side and lower portion of her nose. Last Saturday afternoon the diseased flesh was cut away, then a flap of skin and flesh of the proper size and form to replace the lost portion of the nose was almost severed from above the muscle of the left arm, but allowed to remain attached to the arm on one side. The arm was then raised to the face and over the head in such a manner as to permit the flesh of the arm to be grafted and stitched to the edges of the lost portion of the nose. The arm was then placed in a specially constructed harness and securely strapped to the face in that position. The living flesh of the arm has grown to the nose, and it is expected that on Saturday the flap will be severed where it still adheres to the arm, and the slight remaining operation of fitting and stitching the remaining edge to the nose will then be performed. From present appearances the healing will be so perfect as to leave little or no scar.

THE PREMONITORY SYMPTOMS OF PHTHISIS PULMONALIS IN CHILDREN.

BY H. E. RUSSELL, M. D., NEW YORK CITY.

Dr. Oliver Wendell Holmes, when asked if every patient could not be cured if seen early enough, said: "Yes; but early enough often means one hundred years before birth." So in consumption, "early enough" may mean months and even years before the real disease has made its appearance. There is a long train of premonitory symptoms of phthisis pulmonalis, the most characteristic of which is a *slight rise of temperature every afternoon* with a corresponding fall in the early morning. Sometimes this will last for months without attracting attention, the child, in the meantime, feeling comparatively well. If at this period the patient should be stripped and carefully weighed from time to time, we would find, in all probability, that he was slowly losing flesh. If the temperature were taken, the thermometer would register about $99\frac{1}{2}$ –100 in the afternoon, and 97 – $97\frac{1}{2}$ upon first awaking in the morning. After a time the little patient complains of being "tired all the time." His appetite is

not quite as good as usual. He may have a peculiar "all gone" feeling at the pit of the stomach, and is evidently slowly but surely losing strength. He is pale in the forenoon and slightly flushed in the afternoon. He is apt to get easily excited. He is irritable without knowing why. If the lungs were examined at this time, no lesion whatever would be found. It is still too early for any of the characteristic chest symptoms of consumption to manifest themselves. During this stage there is usually no cough, or only a slight one, due apparently to a cold. If we examine into the family history of the case, the chances are about equal whether we will find any indications of phthisis or not. These symptoms frequently pass for "malaria," "growing too fast," "general debility," etc., and thus parents and friends deceive themselves until emaciation, night sweats, and the whole sad train of symptoms of this dread disease has made its appearance, when it may be too late to arrest its progress. At this early stage consumption can certainly be cured, or prevented.

The first thing to do when some one or all of the aforesaid symptoms have presented themselves, is to remove the child from school or other regular work. He should spend a large portion of his time in the fresh air on all pleasant days, between 9 A. M. and 4 or 5 P. M. (never later), and, if possible, should remove to a dry, elevated climate. The word consumption should not be mentioned in his presence. Keep his time pleasantly occupied. Let him eat plenty of nourishing food. The diet should consist of beef tea, soups (unstrained), beef or mutton, raw oysters, eggs beaten raw with whiskey and sugar, soft-boiled eggs, plenty of milk, cream and butter; whiskey and hot milk (one tablespoonful to the cup, slightly sweetened). This is best given at 11 A. M. and upon retiring at night. Let the patient drink a cup of hot water an hour before meals.

The child should be fed five or six times a day. He should never be forced to take anything against his will, but should be surprised with acceptable and unexpected dishes. If he does not dislike it, give him Scott's or Phillip's emulsion of cod liver oil, one teaspoonful one hour after each meal. If, on the other hand, these preparations are unpleasant or nauseating, they will do more harm than good. In this case

give the child a half pint of pure cream each morning at 11 A. M. (or in divided doses during the day), in place of the oil, with the hypophosphites of lime and soda, one or two teaspoonfuls in a wine-glass-full of water, immediately after breakfast. The following homœopathic drugs will also be found very useful.

Iodine 3x, afternoon fever, loss of appetite, gradual loss of flesh and strength, and night sweats.

Bryonia O, dry, bronchial cough; pleuritic complications.

Stannum 3x, sense of weakness in the chest, "all gone" feeling at pit of stomach, loss of flesh and hectic fever.

Phosphorus 3x, afternoon rise of temperature, dry cough; worse in the evenings; gradual loss of flesh: pain in the stomach after meals.

Digitalis O, weak, compressible pulse; "all gone" feeling at pit of stomach; palpitation of the heart from slight exertion or from going up stairs.

In addition to the above measures, great benefit may be derived from the use of Walton's oxygen compound by inhalation. This remedy compels the child to breathe deeply, which is something that most patients of this class are absolutely unable to do. It also seems to improve the general health to a remarkable degree, soon removing the tendency to afternoon rise of temperature, etc. The method of administering the gas is important. The child should be directed to expel as much air from the lungs as possible; then let him take in a deep inhalation of oxygen. This should be held a few moments, when it may be slowly expelled through the nose. Oxygen is a remedy which is very much neglected by the profession; yet it is the positive opinion of the writer, after several years' experience with the agent, that it will do as much for cases of incipient phthisis as it is claimed can be accomplished by the noted lymph of Dr. Koch.—N. A. J. H.

Kalmia has pains running from the hips down to the feet, or from the knees down to the feet.